STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

## PERSONNEL REPORT

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY	FACILITY TYPE	FACILITY NUMBER				DO NOT WRITE IN THIS SPACE										
PREPARED BY		DATE	DATE				(For Licensing Agency Use Only When Reviewing Facility Files)									
A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The f		1 -1			500 47	Health	T B Test	Empl App Filed	Bid 7 and	Comp of 20 Clk Hrs of Cont Ed for Admin	First Aid	DMV				
. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Section 1522, 1569.17 and 1596.871 of the Health and Safety Code. Completed BID-7 Fingerprint Cards and the Child Abuse Index Check (LIC 198)* shall be submitted within 4 calendar days following employment or initial presence in the facility. Completed BID-7 Ingerprint Cards for Residential Care Facilities for the Elderly staff required to be fingerprinted shall be submitted within 20 days following employment or initial presence in the facility.					endar days gerprinted,	Screening	rest	Filed	Submitted	`for Admin	Training	DMV Class of License**				
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(LICENSE/CERTIFICATE IF APPLICABLE) EMPI	VISION AND DEGREE OF CONTACT WITH CLIENTS	R- (Voluntary)	DAYS	FROM	ТО											
Licensee/Administrator																
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В.	STAFF EXEMPT FROM FINGERPRINT REQUIREMENTS: The following are believed exempt from criminal record requirements pursuant to Section 1522, 1569.17 and 1596.871 of the Health and Safety Code. The licensee or designated representative shall sign the following affidavit which states: "Persons in the following positions are under direct on-site supervision and do not provide direct care and supervision to clients/children." AND/OR "Persons in the following positions are under direct on-site supervision and provide care and supervision to clients/children with only occasional or intermittent contact with the clients/children." AND/OR* "Persons in the following positions are under direct on-site supervision and are employee on an intermittent basis for less than 10 days per month." AND/OR* "Persons in the following positions provide direct on-site supervision, are employees of a child care and development program under contract with the Department of Education, and possess a current credential or permit issued by the commission." AND/OR* "Persons in the following positions have completed a criminal records clearance as a condition of employment and are employees of a child care and development program operated by a school district, county office of education, or community college district under								DO NOT WRITE IN THIS SPACE  (For Licensing Agency Use Only When Reviewing Facility Files)						
									Health Screening		Empl App Filed Submitted				• •
C.	contract with the State Department of Education.  STAFF EXEMPT FROM HEALTH SCREENING REQUIREMENTS:* The following are believed exempt from health screening requirements pursuant to Section 1596.8716 of the Health and Safety Code. The licensee or designated representative shall sign the following affidavit which states: "Persons in the following positions are employees of a child care and development program operated by a school district, county office of education, or community college under contract with the State Dept. of Education who have received a physical exam as a condition of employment with the district or office."  Criminal Contract with the State Dept. of Education who have received a physical exam as a condition of employment with the district or office.														
Record Clearance							Record Clearance Status Change				, TON				
	NAME AND TITLE (LICENSE/CERTIFICATE IF APPLICABLE)	DATE JOB DESCRIPTION (INCLUDE IF UNDER "ON" OR "OFF" SITE SUPER-VISION AND DEGREE OF CONTACT WITH CLIENTS)  DAYS AND HOUR DAYS FROM			D HOURS	ON DUTY	LIST DATE BELOW								
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<sup>\*\*</sup>Required only for staff transporting clients/children